

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 1554
Registered No. 327

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 926 Line 6th St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Enrique Molina
(If child is not yet named, make supplemental report, as directed.)
3. Sex of Child male To be answered ONLY in event of plural births.
4. Twin, triplet or other _____ 6. Legitimate? yes
5. No., in order of birth _____ 7. Date of birth July 13 1929
Month Day Year

FATHER		MOTHER	
3. Full name	<u>Constantino Molina</u>	14. Full maiden name	<u>Carmen Garcia</u>
9. Residence (Usual place of abode)	<u>Miami, Arizona</u>	15. Residence (Usual place of abode)	<u>Miami, Arizona</u>
If non-resident, give place and state.		If non-resident, give place and state.	
10. Color or race	<u>Mexican</u>	16. Color or race	<u>Mexican</u>
11. Age at last birthday	<u>31</u> (Years)	17. Age at last birthday	<u>23</u> (Years)
12. Birthplace (city or place)	<u>Mexico</u>	18. Birthplace (city or place)	<u>Mexico</u>
(State or country)		(State or country)	
13. Occupation	<u>miner</u>	19. Occupation	<u>housewife</u>
Nature of industry	<u>Copper</u>	Nature of industry	
20. Number of children of this mother	<u>2</u>	21. Were precautions taken against ophthalmia neonatorum?	<u>yes</u>
(Taken as of time of birth of child herein certified and including this child.)		(a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>2</u> (c) Stillborn <u>0</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1:10 a. m. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature J. H. Miller
mid.
(Physician or midwife)

Given name added from _____ Address Miami, Arizona
supplemental report _____
Month, day, year _____
Filed July 20, 1929 C. G. Dring
Registrar Registrar